HSS Annual Report 2005-2006

Northwest Territories

Health and Social Services System

Annual Report

2005-2006

Northwest Territories Health and Social Services

Message from the Minister

Floyd K. Roland

I am pleased to present the *Northwest Territories Health and Social Services System Annual Report 2005-2006.* This report provides an overview of the system and highlights some of the major accomplishments in 2005-2006. This report also reflects the Government's commitment to increase accountability to the people of the Northwest Territories.

Honourable Floyd K. Roland

Minister of Health and Social Services

H.H. Williams Hospital

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Overview of the Health and Social Services System

Dr. Medina Vasé, HRHSSA

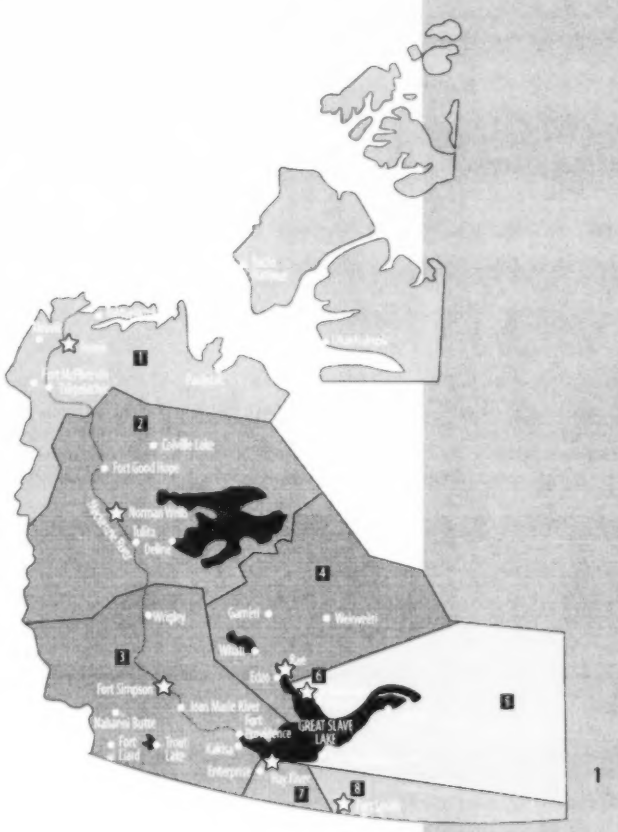
The NWT health and social services system depends on effective partnerships. The Department of Health and Social Services, the Health and Social Service Authorities (HSSA), other Government of the Northwest Territories (GNWT) departments, the Government of Canada, non-government agencies, professional associations and the public all share responsibility for health and well-being in the NWT. Within the territorial government, the Minister of Health and Social Services is responsible for ensuring that the public system provides and manages services according to government legislation, national and territorial standards and public priorities.

Department of Health and Social Services

The Department works under the direction of the Minister and Deputy Minister in partnership with the HSSA to plan, develop, evaluate and report on program and service delivery that supports the health and well-being of people across the NWT. The Department's major responsibilities include securing funding, developing legislation, setting policies and standards, monitoring and evaluation and strategic planning.

Health and Social Service Authorities

There are eight HSSAs in the NWT as shown below.



The HSSAs are responsible for the planning and delivery of health and social services to the people of the NWT. They conduct their own needs assessment, create individual operational plans, and are responsible for the day-to-day management and administration of program and service delivery. The communities served by each HSSA are noted on the accompanying map of the NWT.

Joint Leadership Council

The Joint Leadership Council (JLC) includes the Minister, Deputy Minister and the Chairs of each HSSA. The JLC provides a forum for shared leadership and decision-making, meeting on a regular basis to set priorities and provide oversight on the delivery of programs and services.

Joint Senior Management Committee

The Joint Senior Management Committee (JSMC) includes the CEOs of each HSSA and senior managers of the Department, who provide leadership and direction with respect to the operations of the overall system. JSMC ensures a cooperative and collaborative approach to management of health and social services throughout the NWT.

Dale Snow, RN HR&SSA

Mandate of Health and Social Services

The core business of the health and social services system is to promote health and well-being for the people of the Northwest Territories. This includes helping people to take personal responsibility for healthy lifestyle decisions; protecting people from abuse, violence, preventable disease and unsafe environmental conditions; caring for and/or counseling people when they require support for social or health issues; and treating people when they are sick or suffering from physical, emotional or mental problems.

VISION

Our children will be born healthy and raised in a safe family and community environment which supports them in leading long, productive and happy lives.

MISSION

To promote, protect and provide for the health and well-being of the people of the NWT.

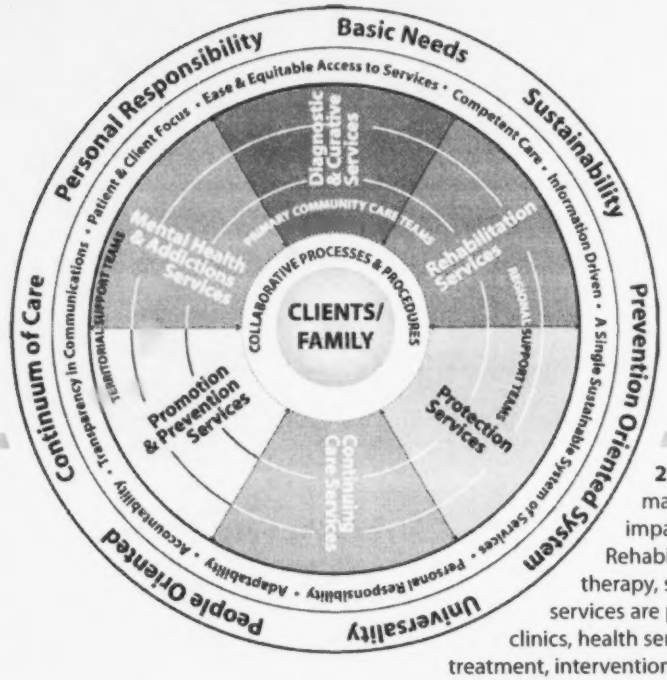
GOALS

- To improve the health status of people in the NWT;
- To improve social and environmental conditions for people in the NWT;
- To improve integration and coordination of health and social services by government, private and volunteer sectors; and
- To develop more responsive, responsible and effective methods of delivering and managing services.

CORE SERVICES

The goals are achieved through the provision of core services in six areas, described below.

1) Diagnostic and Curative Services are those that are required to diagnose disease and illness and provide treatment. Curative services include all the services provided by physicians, nurses, and allied health professionals in hospitals, health centers and clinics to treat illness and disease. Diagnostic imaging (e.g. x-rays), laboratory services and some pharmacy are included in this core service. Medical travel services are also included within this core service to ensure that all people have access to medically necessary services regardless of where they live.


Basic Needs
Sustainability
Prevention Oriented System
Universality
People Oriented
Continuum of Care
Personal Responsibility
Ease & Equitable Access to Services • Competent Care • Information Driven • A Single Sustainable System of Service • Personal Responsibility • Adaptability • Accountability • Transparency in Communications • Patient & Client Focus
Diagnostic & Curative Services
Rehabilitation Services
Protection Services
Continuing Care Services
Promotion & Prevention Services
Mental Health & Addictions Services
PRIMARY COMMUNITY CARE TEAMS
TERRITORIAL SUPPORT TEAMS
COLLABORATIVE PROCESSES & PROCEDURES
CLIENTS/ FAMILY

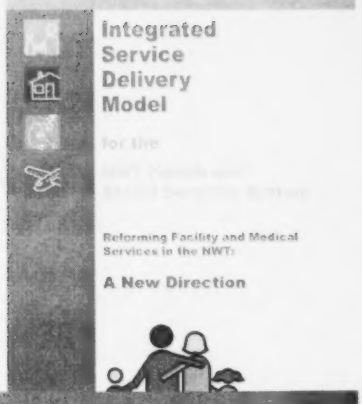
2) Rehabilitation Services help to improve and maintain the functional independence of clients with impairment from injury, chronic disorder, or disability. Rehabilitation services include physiotherapy, occupational therapy, speech and language therapy and audiology. These services are provided in a range of settings, such as the home, clinics, health services agencies and hospitals, and include assessment, treatment, intervention, and education.

3) Protection Services aim to safeguard the health and well-being of individuals and families, and include child protection services, disease surveillance, public health programs, and environmental health services. Statutory services of the Chief Medical Health Officer, the Public Guardian and the Director of Child and Family Services are within this core service.

4) Continuing Care Services are those services that maintain or improve the physical, social, and psychological health of individuals who, for a variety of reasons, may not be able to fully care for themselves. The overall objective is to improve independence and quality of life for these individuals and their families. These services are available both in the home and in residential care settings.

5) Promotion and Prevention Programs are intended to promote health and well-being by providing education and awareness about healthy lifestyles (e.g. diet and exercise) and risk behaviours (e.g. smoking or excessive alcohol consumption). Prevention programs include activities such as childhood immunization, flu vaccinations, cancer screening, early childhood intervention, and diabetes education.

6) Mental Health and Addiction Services respond to mental health issues, addictions and family violence problems through education, prevention, treatment and aftercare and are delivered as an integrated program. These services assist those with a mental illness, mental health issues, addiction, or concurrent disorders to receive the care and support they need to live in optimal health. Mental Health and Addiction Services include education and awareness, assessment and referral, residential treatment, community counseling and family violence prevention.



Key Accomplishments in 2005-2006

Integrated Service Delivery Model

The Integrated Service Delivery Model for the NWT Health and Social Services System was finalized and approved by JSMC and the JLC. The ISDM has three key elements: service integration and professional collaboration; organizational integration; and a set of core services available within the health and social services system. All strategies and framework documents produced by the Department and Authorities will demonstrate linkages and directly support the strategic plan. The ISDM is the framework and guiding strategic direction within the HSS system strategic plan, system action plan, and the Authority's strategic and business plans.

The ISDM emphasizes the importance of building regional and territorial support teams. Planning in 2004-05 prioritized the need to implement three new regional public health units. This initiative, made possible through the 2004 National Health Accord, injects the following additional funds into our system: $907,000 in 2005/06; $934,000 in 2006/07 and $962,000 in 2007/08. In 2005-06, the Department and the Authorities began implementation planning to establish the three new public health units in the Tłı̨chǫ, Dehcho and Sahtu regions.

Primary Health Care Reform

The *NWT Primary Health Care Transition Fund (PHCTF) Initiative* includes 11 individual projects designed to promote a collaborative, client-centred approach to delivering core health and social services. PHCTF-funded projects support primary community care renewal by offering new services, shifting emphasis toward health promotion and disease prevention, increasing client access, improving services and facilitating efficiency of services. Health Canada extended the *Initiative* to September 30, 2006 to allow the PHCTF projects more time to implement activities and synthesize learning prior to evaluation. In September 2005, the Department hired an external evaluator to conduct a final evaluation to be completed by September 30, 2006.

Hospitals and Facilities Review

In 2005-2006 the Department consulted key stakeholders across the NWT on the recommendations contained in the *"Reforming Facility and Medical Services in the NWT; A New Direction"*, report. This report offered a series of 43 recommendations that would improve facility-based care in the NWT and increase the efficiency and effectiveness of the health delivery system. The report forms an important component of the master plans for facilities in Hay River, Inuvik, Fort Smith and Yellowknife.

Mental Health and Addictions Strategy

A mid-term review of the Mental Health and Addictions Strategy was completed in 2005-06. The report entitled *Stay the Course…and Together We Can Secure the Foundation That Has Been Built* (Chalmers 2005) is available on the Department's public website. The review affirmed the direction being taken to integrate mental health and addictions services and to build a strong foundation at the community level through the Community Counseling Program. Chalmers and Associates also affirmed the approach of continuing to strategically add necessary services over time to ensure that NWT residents have access to a continuum of mental health and addictions services.

Tele-Care NWT

Tele-Care NWT 1-888-255-1010 continued as a toll-free family health and support line for information and advice 24 hours/day, 365 days/year. Callers access registered nurses who are bilingual (English and French); translation is provided in any of the NWT official languages plus more than one hundred other languages on request. Telephone triage and advice services are being utilized in other Canadian jurisdictions and have been shown to be an efficient and effective way of supplying health information to clients without requiring them to visit a health care provider unnecessarily and in directing callers to the right provider at the right time. In 2005/2006, Tele-Care NWT handled an average of 425 calls per month and continued to see an increase in the number of repeat callers accessing the line, most of whom are new mothers. One-third of callers received advice to support self-care.

Midwifery Services

In 2005-2006 the NWT Midwifery Implementation Committee (MIC) continued to work on expanding midwifery services across the Territory. The MIC began developing a discussion document that will propose sustainable models for integration of midwives into community, regional and territorial levels described in the *Integrated Service Delivery Model for the NWT Health and Social Services System* (2004). When completed, the proposed models will be based upon considerations, assumptions, and recommendations for midwifery service. They will also reflect the principles of the ISDM and the NWT Midwifery Practice Framework.

The Evaluation/Database Working Group of the MIC worked with the Department's Evaluation Specialist to develop an evaluation framework for midwifery based on information gathered from maternal care databases in the provinces of British Columbia, Alberta, and Ontario. A draft evaluation framework is under review.

Key Accomplishments in 2005-2006

World No Tobacco Day Celebration - May 31, 2007
Weledeh School

The Fort Smith Health and Social Services Authority, with guidance from the Department, planned an approach for an internal review of its maternal care team to examine issues related to economy, efficiency and effectiveness of the model. The Authority wants to ensure the service is sustainable and that the integrated team works together, shares responsibility, and recognizes the expertise of each member.

In the future, midwifery services will be expanded to other communities where the numbers of births warrant enhancement of services and, when there are public requests for the service.

Promotion & Prevention Services

"Don't be a Butthead" Youth Social Marketing Campaign

The highly successful *"Don't be a Butthead – Be Smoke Free"* anti-smoking campaign was in its third year of operation. Smoking is one of the most pressing public health issues in the NWT, and is responsible for a high incidence of preventable health problems in the population. The "Butthead" marketing strategy is aimed at non-smoking youth between the ages of 8 and 14, and is designed to strengthen their resolve to remain smoke free for life. By the end of March 2006, a total of 3,286 youth had made a written commitment to be smoke free for life under the campaign. Youth are asked each year to make a recommitment to the campaign. The campaign also had broad support from Members of the Legislative Assembly.

Immunizations

In 2005-2006 federal funding was used to support enhancements to NWT vaccine programs. The NWT introduced a pneumococcal conjugate vaccine for infants born on/or after January 2006. This vaccine prevents invasive pneumococcal diseases such as: meningitis, septicemia and pneumonia.

System-Wide Accountability

Operational Reviews

In keeping with a commitment to increased accountability for the delivery of health and social services in the NWT, Operational Reviews were completed for the Inuvik, Hay River, and Fort Smith Health and Social Service Authorities. The reports have been provided to the Chairperson of each Authority, along with a request for responses to recommendations from the reviews.

The project scope of the Operational Reviews consisted of the following major activities:

- Identifying improvement opportunities that will yield the best return on investment, from both a quality of care and financial return perspective, for the Region and the Department.
- Developing a means of priority setting, improvement design and role clarity for responding to financial and operational challenges.
- Defining future improvement opportunities that will enable the Department and Region to realize performance benefits across various regional service and financial management elements.

Evaluation of the Social Agenda Community Demonstration Projects

The Department of Health and Social Services was the lead for the Social Agenda Community Demonstration (SACD) Projects, which encompassed eight individual projects; each allocated $100,000 in contribution funding over three years (2003-2006).

The SACD Projects Initiative was developed in direct response to recommendation #2 identified in the Social Agenda: *A Draft for People of the NWT*. Drawing on the Social Agenda Conference that was held in June 2001, the Social Agenda Working Group identified the need for governments, communities, departments, agencies and service providers to work together to improve social conditions in the NWT.

The overall goal of SACD Projects Initiative was to focus on removing barriers to working together within communities, and between community groups and governments, to more effectively address health and wellness issues. An evaluation of the SACD Projects Initiative was completed in March 2006[1].

A copy of the SACD Projects Initiative evaluation report can be obtained at:

http://www.hlthss.gov.nt.ca/pdf/reports/social_health/2006/english/sacdp_inititiave_evaluation_report.pdf

1 Evaluation of the SACD Projects Initiative, J. Carey Consulting Evaluation Plus and Northern Research & Evaluation, March 2006, page 13.

Key Accomplishments in 2005-2006

Cathy Wright, Nurse in Charge Lutselk'e

Supports to Staff

Physician Recruitment and Retention

The Department, jointly with the Medical Association, contracted for the completion of a comprehensive Recruitment & Retention (R&R) survey of physicians. Work on the project began late in 2005/2006. Based on the findings the Department of H&SS, the Medical Association, and the Department of Human Resources will work together and develop a comprehensive R&R plan for physicians in the NWT.

Nurse Practitioner Training

There were four students enrolled in the Aurora College Nurse Practitioner program during the 2005-06 fiscal year, one withdrew from the program and the remaining three students are expected to graduate in May 2006. All graduates will be offered employment as Nurse Practitioners in the NWT. The Department's long-term goal is to have Nurse Practitioners in all health centres, medical clinics and hospital emergency rooms.

Community Health Nurse Development

The Community Health Nurse Development program is a competency based on-the-job development program. The program is designed to provide recent northern graduates with an opportunity to develop the knowledge, skills, and abilities required to work as a Community Health Nurse in the NWT. During the 2005-2006 fiscal year 5 northern nurses were enrolled in the program with target locations in various Community Health Centers, throughout the NWT.

Advanced Nurse Mentorship

The Northwest Territories has a need for qualified Registered Nurses to work in community health centers, specialized hospital clinical areas, long-term care facilities, homecare, and public health units. The Advanced Nurse Mentorship Program provides opportunities that prepare Nurses to meet these qualifications.

The program facilitates career advancement and laddering for Registered Nurses who have developed and practiced basic nursing skills. During the 2005/2006 fiscal year eleven nurses were supported through the Advanced Nurse Mentorship Program (7 at Stanton Territorial Health Authority, 2 at Fort Smith Health and Social Services Authority and 1 in Yellowknife Health and Social Services Authority).

2005-2006 Highlights from the HSS Authorities

Tłı̨chǫ Community Services Agency

In 2004-2005 the Tłı̨chǫ Community Services Agency established the Tłı̨chǫ Healing Path and Wellness Centre program for the region and a wellness centre in Behchokǫ̀. In 2005-2006 the Agency extended these services to Whatì with the establishment of a Wellness Centre in the community. Counselors from Whatì provide services to Gamètì, and Wekweètì is served from the Centre in Behchokǫ̀.

The health centre in Behchokǫ̀ was officially renamed the Mary Adele Bishop Health Centre in honour of a respected Community Health Representative (CHR) who worked in the community for many years. Mary Adele Bishop (1945-1998) began work as a translator for the Medical Services Branch of Health Canada and then in 1978 began work as a CHR. Health Center staff and patients relied on her as an elder as she comforted and helped ease the pain of many people.

Planning for the construction of a major addition to the Mary Adele Bishop Health Centre in Behchokǫ̀ was completed in 2006. Collaboration with the Tłı̨chǫ Government (owns the building) and their businesses, and their financial support and support from the GNWT has allowed this project to move forward. The renovations are necessary to accommodate major growth in healthcare programming that has taken place in the community over the past few years.

Jimmy Erasmus Senior's Home in Behchokǫ̀ celebrated its 20-year anniversary in 2006 and weeklong festivities were attended by between 50 to 70 community members daily.

Tłı̨chǫ Community Services Agency wellness centre staff, collaborated with Aurora College and the Education Division of the Agency, to deliver wellness programming, as an integral part of a community-based Tłı̨chǫ Teacher Education program. Students in the program are exposed to a healing conceptual-framework for personal success and have regular access to counselors and other lifestyle support.

Mary Adele Bishop Health Centre

Continually increasing support for parents and families in the Tłı̨chǫ region has resulted in a decline in the number of children requiring protection and foster care for 2006. Combining resources from the Tłı̨chǫ Government and the Tłı̨chǫ Community Services Agency resulted in increased attention to the needs of parents

Stanton Territorial Hospital

and families. Many gaps remain but progress is being made and is reflected in these positive statistics.

Stanton Territorial Health Authority

2005-2006 was a year of development, opportunity, and challenges for the Stanton Territorial Health Authority.

Development

During 2005/06, the Dialysis Unit was expanded to provide more coverage through the week, to meet the growing demand for dialysis services.

In 2005/06, Stanton Territorial Health Authority began administering a centralized medical travel system, providing more consistent application of guidelines and maximizing the efficiency of the system.

Progress was also made on the development of an Aboriginal Wellness Program, which will receive start up funds in 2006-2007. This program will facilitate aboriginal spiritual and traditional healing support services within Stanton. Stanton has existing aboriginal language services as well as traditional foods provided to patients. The Aboriginal Wellness Program will allow for better coordination and integration of these services and provide aboriginal patients with better supports during their stay at Stanton.

Stanton implemented responses to recommendations from the *2004-2005 Operating Room Review*. These included examining and adjusting the schedules of staff in the OR, to maximize operating room times and publishing surgical procedures - wait times data, on Stanton's website. Work also began on an RFP for the implementation of an operating room management system, which will facilitate the collection of better information on wait times.

Stanton developed a plan for the expansion of Territorial Rehabilitation Services. Under the Integrated Service Delivery Model, additional positions were devoted to rehabilitation services across the NWT. This focus will allow the Health and Social Services system to support individuals in their home longer, and reduce or delay admissions to health care or long-term care facilities. Working with other Authorities, locations and positions were identified for Inuvik, Fort Smith, and Hay River.

2005-2006 Highlights from the HSS Authorities

A Midwifery Implementation Committee explored opportunities and developed a work plan to integrate midwifery services into Stanton. The committee included membership from the Fort Smith and Yellowknife Health and Social Services Authorities, and will focus on ensuring appropriate linkages between authorities and clinics in the delivery of midwifery services.

The Healthy Foods Directive was approved by the Minister in 2006 and provides guidelines for foods prepared and served in health care facilities. Working with the contractor for food services, the menu and food preparation approaches were changed to ensure that food such as pop and fried foods are no longer served in the cafeteria or to patients in Stanton. This change will support the Health and Social Services objective of improving eating habits in the NWT.

Opportunity

Stanton is moving towards an interoperable Electronic Health Records System (iEHR) (the ability to access and maintain patient information electronically between facilities in the North and Capital Health facilities in Edmonton).

Tracking of wait times for targeted services improved over the 2005-2006 fiscal year. Detailed information on wait times reduction tracking can be viewed on the Stanton Website.

During the 2005-2006 fiscal year, Stanton began administering a coordinated off-site radiologist service for the entire North, on an as and when required basis. This is done primarily through an electronic format.

A new Operating Room Management Information System is being researched in order to centralize bookings, measure utilization and inventory in the OR, and address wait times more effectively.

Challenges

The ongoing shortage of health professionals across Canada was felt most acutely in the North. A Clinical Staffing Review was commissioned to accurately assess our current situation and plan for future staffing and funding needs.

H.H.Williams Hospital

Hay River Health and Social Services

Early in the fiscal year the Hay River Health and Social Service Authority (HRHSSA) implemented an electronic medical record system at the Medical Clinic. Although there have been growing pains, the technology allows doctors to chart patient information electronically.

This was a transitional year for physician staffing, as the permanent physicians we had gradually left the community for various other pursuits. While we engage in recruitment of permanent physicians, we began to rely on a variety of locums to serve the community. The Medical Clinic remained very busy, with more than 11,000 appointments in the year.

In March 2006, we participated in the national accreditation process. Four surveyors spent a week at the Authority reviewing all of our programs and interviewing staff and clients. Hundreds of care standards were assessed and graded. The HRHSSA was awarded a three-year accreditation as a result of that process.

Much energy and focus was spent this year on trying to turn our financial picture around after ending the previous year with a significant deficit. Although painful at times, we did implement several measures that resulted in a small operating surplus at year-end.

Dehcho Health and Social Services Authority

One of Dehcho Health and Social Service Authority's (DHSSA) greatest challenges and accomplishments of 2005-2006 has been the implementation of the Integrated Service Delivery Model (ISDM) and the delivery of quality programs and services with a limited number of Program Managers.

The ISDM Coordinator made community visits to explain ISDM and to field any questions and/or queries by the community members. An opportunity was also taken during our community consultations to begin discussion with the Community Leaders on Pandemic Planning and how best to meet the needs of the community, in the event of a major outbreak. DHSSA believes that it is with collaboration and development of partnerships that we are able to deliver effective and meaningful programs and services to the communities in the Dehcho Region.

One example of a partnership is with Education where the DHSSA Social Services, Mental Health and Addictions staff offers counseling, awareness/education, and

2005-2006 Highlights from the HSS Authorities

youth support within the school. Two significant programs offered are the Student Assistance Program, and Friends for Life Resiliency Training. It is critical that we team up with our community partners to promote healthy living and provide better access to information and resources available within the communities.

To this end, DHSSA supported the training and successful graduation of our Community Health Workers (formerly Lay Dispensers) from the communities of Nahanni Butte, Trout Lake, Jean Marie River and Wrigley.

The DHSSA Board is very proactive in promoting program planning for youth and Elders. There is ongoing emphasis on the need to integrate Traditional Healing into our core program and service delivery. The commitment to integrative community care encourages the individuals, physicians, nurses and allied health professionals to work as a team, for the best possible outcome.

Their aim is to encourage well-being, even in the face of established disease. Since the integrative approach is based on an understanding of the whole person, not just a physical disease or symptoms, it has come to be known as holistic healing. All the more reason to bring together the best in every discipline.

Yellowknife Health and Social Services Authority

The 2005-2006 fiscal year was one of significant opportunity and challenge for the Yellowknife Health and Social Services Authority (YHSSA). Guided by the Board's strategic plan, Senior Management made a concerted effort to direct limited resources into health and social service programs that were targeted as priorities for primary care reform. The Authority was pleased to end the year with a modest surplus, while continuing to deliver quality core health and social programs.

The Board identified capital planning as important to ensuring facilities are designed and equipped to facilitate new models of service delivery and provide clients with access to care. The Authority reviewed best practices in primary care reform, performed space requirement analysis, and developed a plan for future needs. This work resulted in approval for expansion of the Frame Lake Clinic and a preliminary plan for future consolidation of clinic services in the downtown area.

Nursing Station, Fort Resolution

The Authority held a two-day inter-professional symposium based on the theme of "Strengthening Connections" for staff and community partners from Yellowknife, Fort Resolution, Lutselk'e, Dettah and Ndilo. An evaluation of the symposium provided valuable feedback and support for future events and initiatives where staff and

Health Centre, Lutselk'e

community organizations can meet, work together, and continue to strengthen relationships.

Highlights for the year include:

Clinic Services

- Successful implementation of an Electronic Medical Record (EMR) system at Great Slave Community Health Clinic;
- Establishment of a hotline number for clients seeking a permanent physician;
- Introduction of "same day" appointments at all four community health clinics;
- Expansion of clinic hours at Frame Lake Family Physicians (evening and Saturday).

Family Counseling

- Completion of a review of mental health and addictions services in partnership with Stanton Territorial Health Authority, resulting in the development of a Mental Health Implementation Plan.

Beaufort Delta Health and Social Services Authority

The 2005-2006 fiscal year represented a time of change for the Beaufort Delta Health and Social Services Authority (formerly Inuvik Regional Health and Social Services Authority).

The Authority completed transfer of services to the newly established Sahtu Health and Social Services Authority. In recognition of the momentous occasion, Health and Social Programs held a retreat for staff. The retreat provided opportunity for professional development, and for staff to say goodbye as long-time colleagues and friends left the authority to establish the health and social services delivery system for the Sahtu region.

The Board approved the new corporate logo and name change for Beaufort-Delta Health and Social Services and introduced a new Board structure. Board membership includes representation from each community in the Beaufort Delta region and one trustee from the Sahtu.

In 2005-2006 the BDHSSA received charitable status for its Foundation. The Foundation is in the process of recruiting community members to serve on the board. Once the board is operational, the authority can begin to solicit funds.

2005-2006 Highlights from the HSS Authorities

Sahtu Health and Social Services Authority

On April 1, 2005, the Sahtu Health and Social Services Authority (SHSSA) gained responsibility for regional programs that had been previously administered by the Inuvik Health and Social Services Authority.

The Minister appointed trustees to our Board and by September, the Board met and began working towards developing a strategic plan. Many of the key regional positions were hired throughout the year, allowing the SHSSA to begin reviewing programs and delivery methods. In addition to recruiting for regional positions, a concerted effort was made to ensure regional health centers remained open, as the nursing shortage experienced across Canada was reflected in the Sahtu.

Norman Wells Health Centre

Featured Authority
Fort Smith HSSA

Left to right: Bea Campbell, Pearl Bird, Barb MacArthur, Greg Heron and Brenda Johnson

FSHSSA Trustees

The contributions of the Fort Smith Health and Social Services Authority (FSHSSA) are key to the success of the NWT health and social services system, as they are the primary delivery agents for programs and services to the people of the NWT. Each year, the Annual Report will feature one authority. This report, introduces the Trustees of the Fort Smith Health and Social Services Authority.

The FSHSSA Board of Management has equal representation from the Fort Smith Métis Council, the Salt River First Nation and the Town of Fort Smith. This seven-member board consists of two representatives from each organization and a chairperson. Board members are nominated by their respective organizations and appointed by the Minister of Health and Social Services. Members are appointed for three-year terms. The chairperson is nominated from the existing board members and appointed by the Minister of Health and Social Services. The board meets monthly and the meetings are open to the public.

Chair - BRENDA JOHNSON

Brenda Johnson is the Chairperson of the Fort Smith Health & Social Services Authority. She is a member of the Métis Nation Local 50 and is a local businesswoman. Brenda has lived in Fort Smith most of her life. She is actively involved in sporting events and participates in biathlon events regularly. She is a volunteer forest ranger and is also a Town councillor, for the Town of Fort Smith.

BEATRICE CAMPBELL

Beatrice Campbell is a long term resident of Fort Smith and represents the Town of Fort Smith on the Board. She is a member of the Seniors Society in Fort Smith and the President of the NWT Seniors Society. She retired from the position of Human Resource Officer with the Fort Smith Health & Social Services Authority several years ago.

PEARL BIRD

Pearl Bird was born and raised in Fort Smith. She represents the Métis Nation Local 50 on the Board as Vice-Chair. Pearl has worked with the GNWT for many years. Currently, she is the Human Resource officer with the Métis Nation Local 50.

BARB MCARTHUR

Barb MacArthur was born and raised in Fort Smith. She represents the Salt River First Nation on the Board. Barb is an ardent golfer and has won many awards in female and mixed golf tournaments. Barb works with the Salt River First Nation in the Finance Department.

GREG HERON

Greg Heron was born and raised in Fort Smith. He represents the Métis Nation Local 50 on the Board. Greg is a corrections officer with the Justice Department and is the President of the Uncle Gabes Friendship Center.

There are trustee vacancies in two of the three organizations – one from the Salt River First Nations and the other from the Town of Fort Smith.

The Year's Highlights

Integrated Services Delivery Model

The FSHSSA has been working within the philosophies of the ISDM framework since the hospital was built. As a one community Board, with a majority of programs and services in one building, work has always been performed collaboratively.

The introduction of the ISDM model has further encouraged and fostered integration in all programs. Members of various committees represent staff from different programs and services and policies and procedures have been updated to reflect the integration of programs and services.

Diagnostic & Curative Services

Maternal Care Services

In April 2005, the Fort Smith Health and Social Services Authority hired the two local midwives as full-time employees, with hospital privileges to provide midwifery services. The midwives practice within the scope defined by the *Midwifery Profession Act*, in accordance with the *NWT Midwifery Practice Framework*, and the Standards of Practice for Registered Midwives in the NWT. The Midwifery Program officially opened on January 30, 2006. Since its opening, the Authority has experienced an

Integrated Service Delivery Model

Featured Authority
Fort Smith HSSA

Fort Smith Health Centre

increase in women choosing midwifery services in the community. For example, when the midwives were hired in April 2005, they had 11 prenatal clients and 6 postnatal clients. In March 2006, there were 20 prenatal clients and 19 postnatal clients. Before integration of midwifery services, approximately 3 or 4 women gave birth in the community each year. In 2005-2006, eight women gave birth in Fort Smith. In addition, several prenatal clients expressed a first choice to birth in the community, but could not because of risk factors.

The following specific actions were taken by the FSHSSA to reinstate birthing in the community:

- Develop a service delivery model for the maternity care program;
- Establish a Maternity Care Committee that consists of nurses, midwives, physician, nurse practitioner and the obstetrician;
- Develop policies and procedures for maternal care services; and
- Revise and Amend Bylaws to include midwives and nurse practitioners, in accordance with the new Hospitals and Health Care Facilities Standards Regulations, and establish a process for granting privileges to non-physician practitioners.

There are also ongoing activities to educate and promote (in the form of workshops, orientation packages, posters etc.) the public and staff regarding the role and scope of the midwife and the midwifery model. The next step is development of an Evaluation Framework for the midwifery program, to evaluate all midwifery care within the NWT.

Dialysis Program

The Renal Program is a fairly new program – the first of its kind outside Stanton in the NWT. It is a two-station stand-alone unit located in the long-term care wing of the hospital. Trained dialysis nurses run the program, with medical backup on-site (G.P) and through the Internal Medicine practice at Stanton. It offers renal replacement therapy (hemodialysis) for those with chronic renal failure. Between two to four patients are treated three times a week. The provision of this service in Fort Smith means that patients can remain in their home community while receiving treatment. This provides for community and family support in conjunction with the treatment.

Sandra Mulhall
The first Nurse Practitioner for the Authority.

Nurse Practitioner Program

As stated in the Practice Guidelines for Primary Health Care Nurse Practitioners, "nurse practitioners have the potential to make a significant contribution to new models of health care delivery based on primary health care principles. Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) has promoted utilization of nurse practitioners in emergency rooms, community health centers family practice and long term care facilities."

Nurse practitioner practice in the Northwest Territories is legislated by the *Nursing Profession Acts of the Northwest Territories and Nunavut (2004)*, The Code of Ethics for Registered Nurses (RNANT/NU, 2003), and the Entry level Competencies for Primary Health Care Practitioners (RNANT/NU 2000). The Nursing Practice Committee of the RNANT/NU established the "Practice Guidelines for Primary Health Care Nurse Practitioners" and became effective in August 2005.

Fort Smith Health & Social Services Authority is proud to have hired the first Nurse Practitioner in May of 2005. In conjunction with the Integrated Service Delivery Model, the Authority is integrating the services of Nurse Practitioners into the Medical Clinic, the Well Woman Program, Home Care Program, and Northern Lights Special Care Home. The Authority is in the process of hiring a second Nurse Practitioner for work in our Emergency department.

Promotion & Prevention Services

Healthy Family Program

The FSHSSA Healthy Family Program is one of four NWT early childhood intervention pilot programs.

One of the numerous initiatives that originated from the GNWT 2001 *Early Childhood Development Framework for Action*, the Healthy Family Program (HFP) is a voluntary program that provides home visiting services to families who have infants and are overburdened.

The HFP seeks to foster positive childhood outcomes by providing families with information on positive parenting and healthy childhood growth and development. The Program provides assistance to families through regular developmental screening and immunization tracking. It provides linkages with medical providers, advocacy, and referrals. In addition, support is provided in goal setting, problem-

Featured Authority
Fort Smith HSSA

Healthy Family Program

solving skill development, and values identification. Families enroll in the program during the prenatal stage and up to the time that their child is three months of age. They then continue in the program until their child reaches three years of age.

Employing the Great Kids, Inc. home visiting and professional development model, the Fort Smith HFP uses the "Growing Great Kids" curriculum. It bases all services on the Great Kids - critical elements for effective program delivery, and positive family outcomes; including on-going professional and competency development and the following four guiding principles:

- Strength-Based;
- Family Centered;
- Relationship Focused; and
- Culturally Competent.

Starting in December 2004, the Fort Smith Healthy Family Program began offering home visiting services to the Fort Smith community. In its first full year of service delivery, the program experienced tremendous growth and program development. The HFP partnered with the FSHSSA Maternity Care Providers, who screened all expectant women and provided referrals to the HFP program.

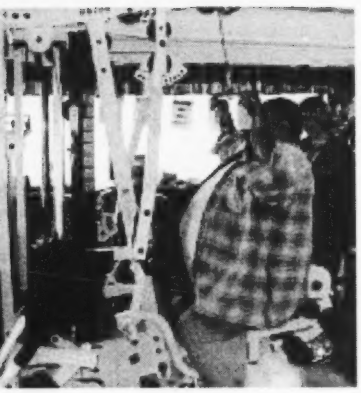
Two families were enrolled as of the end of 2004-2005 and during the 2005-2006 year, eight additional families received home visiting supports and fourteen families received Parent Survey (assessment and referral) services.

As of the end of the year, nine families were enrolled in the program; all were engaged in working through the curriculum, including value-identification and goal-setting; all accessed medical, community, and family supports, in addition to the HFP; and all were observed to have increases in confidence in their parenting skills.

Cardiac Wellness Program

Cardiac Rehabilitation is a systematic process of long-term, chronic disease care. Cardiac Rehabilitation improves and maintains cardiovascular health through individualized programs.

Several years ago, a group of health care professionals at Fort Smith Health & Social Services Authority identified the need for Cardiac Rehabilitation. Since then, much research has been committed to a Cardiac Wellness Program in the community of Fort Smith.



The Cardiac Wellness program was formally initiated in February 2006. The overall goal of the program is to promote healthy lifestyles and educate clients about coronary artery disease and risk factor management, which includes diabetes, hypertension, and obesity.

Clients are referred to the program by a physician or nurse practitioner and once referred, receive an initial assessment, completed by the program nurse to review medical history.

The exercise component of the program runs for sixteen weeks (two classes a week). Throughout the program, there are educational classes available pertaining to diet, nutrition and smoking cessation if required. A nurse, in a controlled environment, supervises the exercise classes. The heart rate, blood pressure, and blood glucose levels are monitored during the class.

Continuing Care Services

Home Care Program

In 2005, the Homecare core program joined with the Homecare enhancement program to provide comprehensive facility and community services. The Healthy Heart Program boasted an increase in the number of community clients and focused on a specialized area of care. Staff training was required and obtained through program participation with the sponsorship of BC Heart Institute.

The Homecare department is in the process of developing a palliative care and pain management program in conjunction with the Canadian Palliative Hospice Care Program of Canada. In order to facilitate growth in service delivery, the program was relocated in a larger physical space.

The vision for the coming year is to continue with the development of outreach clinic programs such as asthma, arthritis, etc.

Summary

The Board of the Fort Smith Health and Social Services Authority is proud of the many exciting initiatives currently underway and remains committed to providing access to quality services and care.

Featured Program
Mental Health and Addiction Services

Fifteen CWWs graduated in 2006 and attended a special recognition ceremony, celebrating their achievement.

Vision for Mental Health and Addiction Services:

People will be supported to live balanced lives by promoting, protecting and restoring their mental wellbeing (ISDM, 2003).

Mental Health and Addiction Services respond to mental health issues, addictions and family violence problems through education, prevention, treatment and aftercare and are delivered as an integrated program.

Mental health, addictions and family violence are complex: often inter-connected issues with root causes that may start from inside, (biological, psychological) and/or outside a person (family, community, system in which they live). The impact of personal strengths/stress, ways of coping, and community stress may result in more serious mental health, addictions and/or violence problems.

Mental Health and Addictions Services were integrated to provide support to three critical northern challenges:

- Poor mental health (including mental illness, suicide)
- Addictions (including alcohol, drugs, inhalants, gambling)
- Family violence (including all forms of abuse)

The first step in improving the system was to create the Community Counselling Program (CCP). The CCP consists of three new positions: Community Wellness Worker, Mental Health/Addiction Counselor, and Clinical Supervisor. In 2005-2006 the Department continued to enhance the Community Counselling Program building a solid foundation for mental health and addictions core services.

Community Counselling Program (CCP) Investments

In 2005-2006, training was provided for Community Wellness Workers (CWWs). The Department contracted Keyano College to provide competency-based training for CWWs. The Community Wellness certificate consisted of 10 modules and was delivered in Yellowknife. Workers attended one module per/month while maintaining CWW duties in their home communities.

To ensure ongoing support to CCWs, the first annual Community Counselling Program Conference was held in Yellowknife January 25-27. Frontline workers from

the Community Counselling Program attended the conference and participated in sessions on:

- team building;
- standards;
- outcome measures;
- addictions, partnerships and programming; and
- the *Mental Health Act*.

In recognizing that the Primary Community Care team members are each faced with mental health, addictions and family violence issues from their clients, the Department of Health and Social Services contracted Northways Consultants to complete a report that identified:

- mental health, addictions and family violence competencies for other care providers (doctors, nurses and social workers);
- draft screening tools; and
- training options.

Children & Youth Mental Health Promotion

Three MH promotion programs were launched in 2005-2006:

FRIENDS for Life Resiliency Training - a prevention and intervention program for anxiety and depression. The *FRIENDS* program is the only mental health promotion program recognized by the World Health Organization as a "promising strategy in enhancing emotional resilience". The target audience is elementary age school children and youth.

Youth Net - a by-youth-for-youth mental health promotion, early intervention and mental illness prevention program for high school age youth. Young adult facilitators host focus groups in which youth talk about their stresses, questions. Facilitators also advocate for and make referrals to a youth-friendly mental health system.

Talking About Mental Illness (TAMI) - an anti-stigma program that introduces youth to people living with mental illness. Youth learn about the human face behind mental illness, coping skills, and help-seeking behaviours.

Featured Program
Mental Health and Addiction Services

Sandy Little (HSS) and Sandra Beaton (CMHA)

NWT Addictions Awareness Campaign

First Base consultants were contracted to research and make recommendations for an NWT addictions awareness campaign. The report identified campaign principles, key target groups, recommended key messages, and next-steps.

Evaluation

Mental health and addictions continued to strive for accountability. In December 2005, Chalmers' and Associates completed their review of the MHA core service.

The review team assessed progress made on the original 47 recommendations from the 2002 *State of Emergency...* report. The new report is titled *Stay the Course... and Together We Can Secure the Foundation that Has Been Built – An Interim Report on the Mental Health and Addictions Services in the NWT.* As the title indicates, mental health and addictions services have established a strong vision to improve services, and have produced a solid foundation upon which to build further services.

A second area of progress in accountability was the MHA Data Collection working group. The group worked to identify quantitative (who is being served by the core service) and qualitative (how effective is the core service) indicators.

Suicide Prevention

National Conference:

The Canadian Association for Suicide Prevention (CASP) invited the Department to co-host the national conference in Yellowknife, October 2007. The Department of Health and Social Services will co-host with the Department of Education, Culture and Employment.

A planning committee met in February 2006. Participants represented Aboriginal Organizations, Non Government Organizations, youth, elders, and GNWT Health and Social Services, Education, Culture and Employment and Municipal and Community Affairs. The planning committee identified the conference theme "Choosing Life: Embracing Your Future"; target groups; and keynote speakers.

National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)

In February – March 2006, the Department launched the first NAYSPS funded projects. Federal funds were used to support a young women's partnership with the Indigenous Women's Network and the Global Suicide Prevention Network; the Inuvik Youth Conference; and a youth suicide prevention/leadership workshop in Fort McPherson.

Northwest Territories Suicide Prevention Training (NTSPT) Program

The NWT Suicide Prevention Steering Committee is a committed group of people working to guide territorial suicide prevention activities. Health and Social Services chairs and funds this work, with active support from GNWT Education, Culture and Employment; Municipal and Community Affairs; NWT Seniors' Society; Canadian Mental Health Association; and community representatives.

The Northwest Territories Suicide Prevention Training Program (NTSPT) is a three-week training program for community members on grieving and healing, suicide risk assessment and intervention, and community leadership. NTSPT offered an on-the-land follow-up workshop in Lutselk'e.

Mental Health Promotion

The Department, in partnership with the Canadian Mental Health Association (CMHA) – NT Division, organizes mental health promotion activities and administers the NWT Helpline. The Helpline provides trained volunteers 365 nights per year, to answer distress calls, provide support and make referrals to services.

Community Wellness Workers

The Community Wellness Worker is the CCP team member who provides prevention, education and health promotion services in the areas of mental health, addictions and family violence.

Communities and caregivers have asked for increased resources in prevention and mental health promotion. The CWW works in close partnership with the Mental Health and Addictions Counsellor and other members of the Primary Community Care Team (Community Health Rep, Social Worker, Nurse, etc).

Featured Program
Mental Health and Addiction Services

Community Wellness Workers (CWW) led a number of innovative and effective programs in 2005-2006. Examples of excellence in Community Wellness include:

- Weekly sharing circles with youth in Fort Liard. Youth have identified topics such as sexuality, addictions, violence, stress and depression for further information and resources
- Activities with youth group in Fort Liard, to encourage active living and sharing feelings
- National Addictions Awareness Week activities
- School presentations on the effects of alcohol in Fort McPherson
- Providing initial screening for mental health and addictions issues, and referrals to Mental Health/Addictions Counsellors
- Radio program in Fort McPherson, offering information on topics such as managing stress, the effects of alcohol and drugs, mental fitness, family violence protection orders

Summary

Mental Health and Addictions remain a significant problem for many residents of the NWT. However, through collaborative efforts, prevention and promotion, and the provision of a continuum of services, mental health and addictions workers have developed a strong vision for the future and have developed a solid foundation upon which to build future services.

The Department is committed to staying the course: working with each community and Authority to implement community-based prevention, treatment and counseling for addictions and mental health.

Special Events and Reports in 2005-2006

Midwifery

The Midwifery Implementation Team was recognized for advancing midwifery practice in the NWT when they received the Premier's Award for Excellence in June 2005.

NWT Stop TB Conference

The Department of Health and Social Services, in partnership with the NWT Medical Association and the Public Health Agency of Canada held the NWT Stop TB Conference in Yellowknife February 2-3, 2006.

The purpose of the conference was to provide participants with information about disease of tuberculosis (TB), the NWT TB Program and specific northern resources for diagnosis, treatment and control of TB.

Dr. Anne Fanning, a world-renowned TB expert was a keynote speaker. Conference participants represented: nursing, medicine, social work, laboratory, radiology, community health representatives and community leaders.

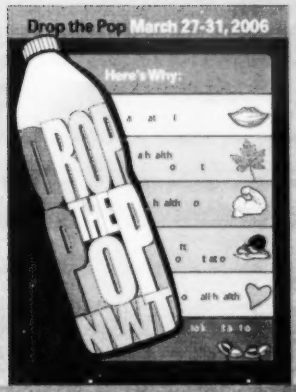
Mackenzie Gas Project Workshops

Preparations for the Mackenzie Gas Project (MGP) moved ahead during 2005-2006 as the Department continued to participate in the MGP Environmental Impact Assessment, and continued its planning for the project.

The GNWT social programs departments, led by the Department of Health and Social Services, organized regional workshops to discuss the social impacts of the MGP with local residents.

The workshops were held between June 2005 and September 2005 in Inuvik, Norman Wells and Fort Simpson, and provided an opportunity for individuals and communities, that will be most impacted by the Project, to come together and discuss the potential impacts of the pipeline and solutions to these impacts.

The workshops were well attended, the discussions were productive, and the information gathered and shared during the sessions increased the knowledge of all participants about the impacts of resource development on NWT communities. Reports for the three regional workshops were prepared and distributed to participants and to the community and Aboriginal leaders for use as a communications and planning tool by local persons.



Graduation

Congratulations to the very first graduates of the Community Health Workers Training Program:

- Lucy Simon - Jean Marie River;
- Bertha Deneron - Trout Lake;
- Marlene Konisenta - Nahanni Butte; and
- Alma Ekanele - Wrigley.

All four Community Health Workers (CHW) successfully completed all thirteen modules and graduated with a CHW Certificate. With their training, the CHWs are better prepared to help clients with illness prevention and health promotion, encourage self-care, healthy living, and management of chronic conditions.

The Dehcho Health and Social Services Authority worked in partnership with Aurora College to develop and deliver the standardized training program. The curriculum includes 13 modules targeted in 3 core areas: Health Promotion/Disease and Injury Prevention; First Respondent Care; and Chronic Disease Management.

2005 Get Active Challenge

The Get Active Challenge ran between April 1st and July 1st with 22 communities participating. Partners in the initiative were the Departments of Health and Social Services, Municipal and Community Affairs and the NWT Parks and Recreation Association.

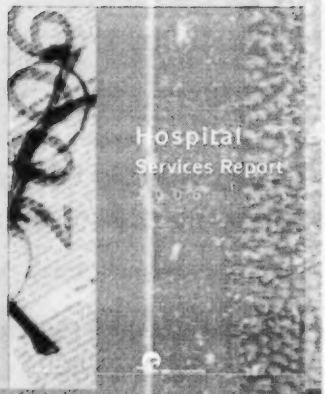
1st Annual North of 60 Drop the Pop Challenge - March 27-31, 2006

The GNWT joined with the Governments of Nunavut and the Yukon for the Drop the Pop Challenge, making this a pan-territorial health promotion initiative. Other NWT partners included ECE, the Dental Association, northern retailers, the IRC and Dene Nation. Approximately 20% of the school population of students participated. Funding was provided via the Aboriginal Diabetes Initiative for this pilot. An informal evaluation/activity report (completed by teachers, students and key stakeholders) indicated strong support for having this Challenge become an annual event.

Special Events and Reports in 2005-2006

Reports

- Directions for Wellness: 2005-2006 A Summary of First Nations and Inuit health branch programs in the Northwest Territories
- Hospital Services Report 2006
- Yellowknife Association for Community Living Services Report 2003 – 2005 (October 2005)
- Homelessness in the NWT: Recommendations to Improve the GNWT Response (October 2005)
- GNWT Pandemic Influenza Capacity Plan (November 2005)
- Comprehensive 5-year Human Resource Strategy Implementation Plan (December 2005)
- NWT Health Status Report (December 2005)
- Stay the Course; Together We can Secure the Foundation that Has Been Built, an Interim Review of Mental Health and Addictions Services in the NWT (December 2005)
- Follow up on Ground Ambulance Services (January 2006)
- 2006 Edition of the NWT HIV/AIDS Manual for Health Professionals
- NWT Addictions Survey (January 2006)
- Review to Strengthen TB Management and Control in the NWT: Assess the Impact and Respond to the 2001 Review, (February 2006)
- NWT Healthy Living School Survey – Key Findings Summary, EpiNorth, 2005 Volume17 Issue1.
- NWT Early Childhood Development Report for 2004/05 (April 2005)
- Social Agenda Demonstration Projects Evaluation Report 2003-2006 (March 2006)



- Socio-economic Impacts in the Communities of Behchoko, Gameti, Whati, Wekweeti, Dettah, Ndilo and Yellowknife (January 2006)
- GNWT Dehcho Regional Workshop on the Social Impacts Mackenzie Gas Pipeline, May 30 & June 1, 2005
- GNWT Sahtu Regional Workshop on the Social Impacts Mackenzie Gas Pipeline, September 30, 2005
- GNWT Beaufort-Delta Regional Workshop on the Social Impacts of the Mackenzie Gas Pipeline, June 7&8, 2005.

Department of HSS 2005-2006 Expenditures

Total Departmental Expenditures (thousands of dollars)

	Main Estimates	Actuals
Directorate	$ 7,226	$ 6,324
Program Delivery Support	26,975	26,040
Health Services Programs	143,062	145,133[1]
Supplementary Health Programs	17,705	19,114
Community Health Programs	64,717	65,405
Total	**$ 259,685**	**$262,016**

(Totals include GNWT contribution funding to Health Authorities)

[1]In accordance with Section 24(1) of the *Medical Care Act*, the Director of Medical Insurance shall report each year the cost of administering the Medical Care Plan. Included under Health Service Programs is the cost of Physician Services. For the 2005/06 Fiscal Year this cost was $34,961,000.

Angelia King, RN Hay River

HSSA 2005-2006 Financial Summary (thousands of dollars)

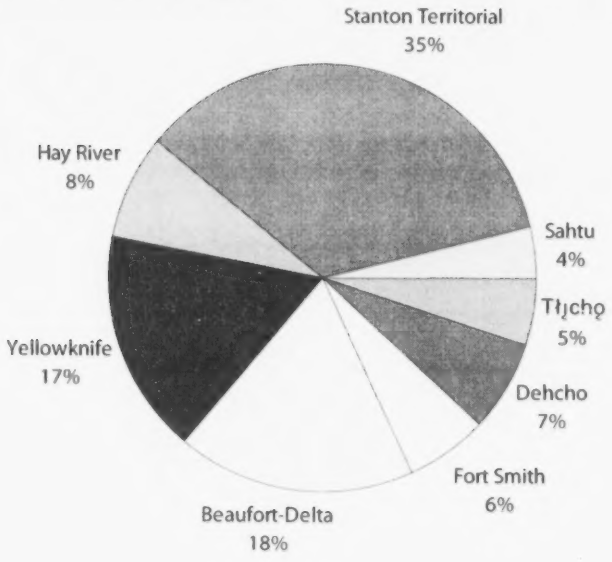
Authority	Revenues	Expenditures	Operating Surplus/Deficit[2]	Accumulated Surplus/(Deficit)
Tłı̨chǫ[1]	$ 11,208	$ 11,628	$ (430)	$ 76
Dehcho	15,210	14,249	588	2,670
Fort Smith	13,484	13,325	179	294
Beaufort-Delta	39,881	41,604	(1,920)	(3,642)
Yellowknife	37,474	37,271	206	449
Hay River	17,190	17,104	93	(205)
Stanton Territorial	77,887	80,345	(3,228)	(2,730)
Sahtu	8,643	8,036	795	925

[2]Differences between current year operating surplus/deficits and revenue less expenditures is a result of changes to employee leave and termination benefits liabilities.

[1]Revenues and expenditures are a compilation of results for both the Dogrib Community Services Board and the Tłı̨chǫ Community Services Agency, which came into effect on August 4, 2005.

Department of HSS 2005-2006 Expenditures

Contribution Funding by HSSA



Active Positions By Authority			
Department	154	Sahtu HSSA	66
Dehcho HSSA	88	Fort Smith HSSA	88
Tłı̨chǫ CSA	91	Hay River HSSA	146
Beaufort-Delta HSSA	223	Yellowknife HSSA	152
Stanton Territorial Hospital	385		
		Total	**1,393**